

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 0

2. STATE:

MONTANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10) &amp; 1902(a)(30) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 13,737b. FFY 2001 \$ 27,755

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19B, Pages 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Pages 1-4

10. SUBJECT OF AMENDMENT:

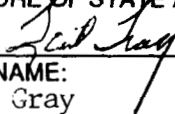
Update payment methodology for Medicare crossover claims, with explanation of those  
services that are paid at a special rate.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Single Agency Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Gail Gray

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Dept of Public Health & Human Services  
Gail Gray, Director  
Attn: Jean Robertson  
PO Box 202951  
Helena MT 59620-2951**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

April 2, 2001

18. DATE APPROVED:

4/17/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

04/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

David Selbeck

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK:

March 30, 2001

2001 APR - 2 P 2:43

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: MONTANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal individual copayment (as specified in Attachment 4.8 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payments methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on page 3 of this attachment.

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on page 3 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exception to the general methods used for a particular group or payment are specified on Page 3 of this attachment (see 3 above).

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METHODS FOR ESTABLISHING PAYMENT RATES -  
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Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs	Part A <u>MR</u> Deductibles Part B <u>SP</u> Deductibles	<u>MR</u> Coinsurance <u>SP</u> Coinsurance
Other Medicaid Individuals	Part A <u>MR</u> Deductibles Part B <u>SP</u> Deductibles	<u>MR</u> Coinsurance <u>SP</u> Coinsurance
Dual Eligible (QMB Plus)	Part A <u>MR</u> Deductibles Part B <u>SP</u> Deductibles	<u>MR</u> Coinsurance <u>SP</u> Coinsurance

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
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Payment of Medicare Part A and Part B Deductible/Coinsurance

Special Rates (NR)

- A. Mental health services subject to the Medicare psychiatric reduction are paid the lower of the Medicaid allowed amount or the Medicare allowed amount less the Medicare paid amount.
- B. Medicare payment for inpatient hospital ancillary services with Part B Medicare coverage only (no Part A) and services provided in FQHCs are treated as third party payments and are offset against the Medicaid payment.
- B. Services provided in the nursing facilities and paid under Medicare Part A are paid the lower of the Medicaid allowed amount or the Medicare coinsurance amount. Nursing facility services paid under Medicare part B are paid at full coinsurance and deductible.